WIC FFY2015 State Objectives

Overview

Introduction

The state WIC office plans to implement objectives affecting outreach, nutrition and health services and the food delivery and data system for FFY2015. These objectives have been created to improve and strengthen the Iowa WIC program across the state.

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Outreach Action Plan 1. Outreach to OB/GYN Offices

Objective

By May 31, 2015 an outreach plan will be developed for OB/GYN office staff based upon data gathered from surveys of OB/GYN office staff. The surveys will include a predetermined number of rural and urban OB/GYN offices located across the state.

Purpose statement

Results from an IWIN report for FY2012 showed that 1,493 families were referred to WIC by their health care provider and pregnant women who enrolled in WIC in FY12 came on to the program at an average of 18.85 weeks gestation. This same report for FY2013 showed even less families, (1,454) were referred to WIC by their health care providers and pregnant women were further along in their pregnancy (19.37 weeks) before enrolling in WIC. Increasing healthcare providers knowledge about the WIC Program will help healthcare providers understand how the WIC Program can benefit their patients and how it is important to provide WIC information to women early in their pregnancy. This will increase the number of WIC referrals healthcare providers provide and should have a positive impact on participation rates. Getting pregnant women on soon in their pregnancy will help enhance the health and nutrition status of pregnant women.

Lead staff

Nikki Davenport RD, LD and Kimberly Stanek RD, LD

Nutrition and Health Services Action Plan 1. WIC Trainings & the Learning Management System

Objective

By July 1, 2015 a portal will be added to the Learning Management System that will organize required and optional training webinars utilized by Iowa WIC Program local staff.

Purpose statement

The Iowa WIC Program provides health and nutrition screening, assessment, education, and referrals to eligible women, infants, and children. To effectively provide these services and affect behavior change, staff members need training that addresses both screening skills and education methods. Having a portal in place on the Learning Management System will allow easy access to required and optional trainings by local WIC staff members.

Lead staff

Patricia Hildebrand, MS, RD, LD and Kimberly Stanek RD, LD

Nutrition and Health Services Action Plan 2. Breastfeeding Rates

Objective

By September 30, 2015, increase the proportion of Iowa WIC Participants who breastfeed from 62.9% to 65.3% at birth and 18.4% to 19.4% at 6 months.

Data Source: 2013 IWIN Breastfeeding Duration Report. <u>Note</u>: the data source as change with the FY 14 state plan from the Pediatric Nutrition Surveillance System to the Breastfeeding Duration Report since PedNSS data is no longer available.

Purpose statement

To increase breastfeeding rates among WIC participants to reach the desired result of all children are healthy.

Lead staff

Holly Szcodronski, RD, LD, CBE

Food Delivery and Data System Action Plan 1. WIC Electronic Benefit Transfer (eWIC) Implementation

Objective

By September 30, 2014 all contractors required to proceed with eWIC implementation will be secured and the Iowa WIC program will begin eWIC implementation activities with the contractors.

Purpose statement

The Iowa WIC Program plans to move from the paper-based food delivery system to an EBT system by outsourcing eWIC processing to a service contractor. To ensure the needs of the Iowa WIC Program are met, the implementation will involve working with the eWIC Services contractor to: establish customer service support, tailor the eWIC system, establish data exchange between the eWIC system and the State MIS, design training materials and distribute hardware to clinics and grocery vendors unable to integrate eWIC processing into their own front end Point-of-Sale systems. Prior to statewide roll out, the system, hardware and services will be tested in a pilot county to ensure all requirements have been met.

Lead staff

Brandy Benedict, MBA